

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No. : 09/965,703
Applicant : Palli et al.
Filed : September 26, 2001
Art Unit : 1646
Examiner : Joseph F. Murphy
Docket No. : A01020B
Customer No. : 37978

RECEIVED
CENTRAL FAX CENTER

APR 20 2005

Mail Stop Patent Application
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

BEST AVAILABLE COPY

REQUEST FOR EXTENSION OF TIME

Sir:

Applicants, by their Agent, respectfully request a two (2) month extension of time, from February 24, 2005 to and including April 24, 2005 for filing the Response to Office Action enclosed herein.

This request for extension of time is neither made for the purpose of delay nor for any other improper motive.

The Commissioner is authorized to charge the \$225.00 fee for this extension to Deposit Account No. 502860. Please charge any additional fees due or credit any overpayment to Deposit Account No. 502860.

Respectfully submitted,

Camille Jolly-Tornetta
Camille Jolly-Tornetta, Ph.D.
Agent for Applicants
Registration No. 48,592
Tel. No. (610) 650-8734

RheoGene, Inc.
2650 Eisenhower Avenue
Norristown, PA 19403
Date: April 20, 2005

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

09, 965, 703

CLAIMS AS FILED - PART I

| | (Column 1) | (Column 2) |
|----------------------------------|--------------|--------------------------|
| TOTAL CLAIMS | 36 | |
| FOR | NUMBER FILED | NUMBER EXTRA |
| TOTAL CHARGEABLE CLAIMS | 36 minus 20= | 16 |
| INDEPENDENT CLAIMS | 14 minus 3 = | 11 |
| MULTIPLE DEPENDENT CLAIM PRESENT | | <input type="checkbox"/> |

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

| | (Column 1) | (Column 2) | (Column 3) |
|---|---|------------|---|
| AMENDMENT A | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR |
| Total | 36 | Minus | 36 = 0 |
| Independent | 14 | Minus | 14 = 0 |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> | | | |

| SMALL ENTITY | | OTHER THAN SMALL ENTITY | |
|--------------|--------|----------------------------|--------|
| RATE | FEES | RATE | FEES |
| BASIC FEE | 355.00 | OR BASIC FEE | 710.00 |
| X\$ 9= | | OR X\$18= | 288 |
| X40= | | OR X80= | 880 |
| +135= | | OR +270= | |
| TOTAL | | OR TOTAL | 1878 |

| SMALL ENTITY | | OTHER THAN SMALL ENTITY | |
|--------------------|------------------------|----------------------------|------------------------|
| RATE | ADDI- TIONAL FEE | RATE | ADDI- TIONAL FEE |
| X\$ 9= | | OR X\$18= | |
| X40= | | OR X80= | |
| +135= | | OR +270= | |
| TOTAL ADDT. FEE | | OR TOTAL ADDT. FEE | |

| | (Column 1) | (Column 2) | (Column 3) |
|---|---|------------|---|
| AMENDMENT B | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR |
| Total | 36 | Minus | 36 = 0 |
| Independent | 14 | Minus | 14 = 0 |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> | | | |

| RATE | | ADDITIONAL FEE | |
|--------------------|--|-----------------------|--|
| X\$ 9= | | OR X\$18= | |
| X40= | | OR X80= | |
| +135= | | OR +270= | |
| TOTAL ADDT. FEE | | OR TOTAL ADDT. FEE | |

| | (Column 1) | (Column 2) | (Column 3) |
|---|---|------------|---|
| AMENDMENT C | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR |
| Total | 36 | Minus | 36 = 0 |
| Independent | 14 | Minus | 14 = 0 |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> | | | |

| RATE | | ADDITIONAL FEE | |
|--------------------|--|-----------------------|--|
| X\$ 9= | | OR X\$18= | |
| X40= | | OR X80= | |
| +135= | | OR +270= | |
| TOTAL ADDT. FEE | | OR TOTAL ADDT. FEE | |

- If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
- If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
- If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.